## CITIZEN LIAISON VOLUNTEER MEMORANDUM OF AGREEMENT

U.S. EMBASSY PRAGUE, CZECH REPUBLIC MEMORANDUM OF AGREEMENT

appreciation of the U.S. gov	Embassy in Prague, I wish to express the ernment and U.S. citizens in the Czech Republic a Citizen Liaison Volunteer (CLV) in U.S. Liaison Network (ALN).
understand and agree to the	, hereby acknowledge that I terms set forth below pertaining to information to me by the U.S. government in my capacity as

In particular, I understand:

- a) Prior to my being accepted as a CLV, the Department of State will conduct an electronic records check on me in Consular records systems on the basis of the personal information I have previously provided when applying for a U.S. passport.
- b) That some of the information that I will receive from the U.S. Department of State ("Department") in my role as a CLV is subject to the Privacy Act of 1974, as amended ("Privacy Act"), when it is maintained by the Department, and that I must be exceptionally mindful of personal privacy considerations in my handling and use of such information.
- c) That access to information provided to me must be limited to CLVs and authorized alternates, and storage and control of such information must be adequate to prevent access by unauthorized persons.
- d) That no dissemination of, use of, or access to, the information provided to me by the U.S. Embassy in Prague shall be permitted except in accordance with the purpose for which it is provided, to wit, performing my duties as a CLV. Further, the information provided to me shall be returned to the U.S. Embassy in Prague upon completion of my tenure as a CLV.

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e)	That my contact information may be shared with relevant
	governmental and private authorities and individuals for purposes of
	responding to emergency situations.

f) That I should ask questions to my I am unsure of my responsibilities privacy or any other aspect of my	with respect to upholding personal	
I,		
I agree not to identify myself as a Government.	representative of the U.S.	
I understand that I will not receive any compensation in return for the services that I perform. I further agree that I waive any and all claims against the U.S. Department of State and/or the U.S. government for payment of compensation as a consequence of my performance of services under this agreement.		
I agree to hold the U.S. government damages arising out of my duties as a Cl		
(Signature)	Date of Birth Address	
Printed Name:	Phone	
Citizen Liaison Volunteer	Email	
Date:		
(Signature) Printed Name:		
Consular Officer		
Date:		